

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/595417

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		3		/		
6		3		/		
7		3		/		
8		3		/		
9		3		/		
10		3		/		
11		3		/		
12		3		/		
13		3		/		
14		3		/		
15		3		/		
16		3		/		
17		3		/		
18		3		/		
19		3		/		
20		3		/		
21		3		/		
22		3		/		
23		3		/		
24	/		/			
25		/		/		
26		/		/		
27		/		/		
28		3		/		
29		3		/		
30		3		/		
31		3		/		
32		3		/		
33		3		/		
34		3		/		
35		3		/		
36		3		/		
37		3		/		
38		3		/		
39		3		/		
40		3		/		
41		3		/		
42	/		/			
43		7		/		
44		/		/		
45		/		/		
46		3		/		
47		3		/		
48		3		/		
49		3		/		
50		3		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3		/		
52		3		/		
53		3		/		
54	/		/			
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	5	←	50	←		←
TOTAL CLAIMS			54			